

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

MUNICIPAL FORM

Office of Campaign and Political Finance

TOVM ÖF SRÖÖKLINE REGISTRANS OF VOTERS

10 FED 15 AM 7:56

File with: City or Town Clerk or Election Co	mmission			***************************************
	Please print or type	e all information, except signature	es	
NOTICE IS HEREBY GIV candidate's committee as for		visions of General Laws, Chapter	55, as amended, of the o	organization of a
1. Committee Name:	(The name of the committee must incl	Now WISHIASK). Ide the candidate's last name)	electman_	
2. Committee Address	: 20 Henry St	Brookline Ina	02445	
2a. Mailing Address:				
3. Purpose:	Elect Heil Wis	hinsty Selectman		
4. Officers: Chairman:	Name XCARLA W BENEA	Residential Address 26 CIRCUIT RO	Zip Tel. No	177-6102
Treasurer:	Kengin S. Franco	275 GORSS 87403	02445 Co17-4	135-9413
Other officer:	Susan Wishinsky	20 Henry 5t	02445 617	1-739-0181
Other officer:		<i>I</i> .		
•	Attach additional page, if necessary, wi	th other officers and finance committee, if ar	ny	
5. Candidate:	Neil A. Wishinsky	20 Henry St Bio	Kline, Ma 021145	617-739-0
6. Office Sought:	Selectman	Address Brookline	Zip Tel. No.	
	Title	District	Party affiliation, if appl	icable
· ,	organization of more than one of	this committee. I understand that committee on his/her behalf. I am rds of all campaign finance activity. TIES OF PERJURY:	aware that candidates a	re required to
	certain duties and liabilities und	TIES OF PERJURY:	nely filing of campaign	finance reports
	I hereby accept the office of Cha SIGNED UNDER THE PENAL	nirman of the above-named comm	ittee.	

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Chairman's signature

of Massachusetts

Form CPF T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURERED ENDER

(For Office Use Only)

CPF ID#:

Office of Campaign and Political Finançown OF BROOKLINE

Office	th: Director of Campaign and Political hburton Place, Room 411					5013 MAY 30	A 10: U.3 http://v	617) 979-8 pf@cpf.state.m vww.mass.gov/c	a.us
1.	Committee Name:	Com	mi thee	+0	5 Leet	Regina	M. F	naw	Le 7
2.	New Treasurer:	6	Fanz	D,	50 nl	25			
2a.	Treasurer's Address:	70	Franc	zis	S+	46	1		upo como o
	City / State / Zip:		3 rod H	1:4	Phone #:	61773/E-mail	> ((:		
3,	Committee Mailing A	ddress:	Sa	ml	as a	bove			
	City / State / Zip;				Phone #:				
	M.G.L. c. 55, including for a period of six year	ng the timely filir rs from the date ad that a candidat TE PENALTIES	ng of campaign fina of the relevant elect le or elected official OF PERJURY: Treasurer's si	nce report ion. I am may not s	s and keeping detailed aware that an appointe	m subject to certain duties accounts and records of al d public employee may no a political action commit	l campaign finan ot serve as treasur	ce activity er of a norized by	113
	I hereby consent to the SIGNED UNDER TH			rest	mittee. - M. Fre	o awtesf	Date: 5/	 28 13	3

SELECTED EXTRACTS FROM M.G.L.C. 55

Section 3 requires the director to:

assess a civil penalty for any flate filed] report ... of twenty-five dollars (\$25) per day fup to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



Form CPF M 102: Campaign Finance Report VOTERS Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	112013 Ending Date: 9/11/2013			
Type of Report: (Check one) [8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution			
TOMMY VITOLO Candidate Full Name (if applicable)	COMMETTEE TO ELECT TOMMY VITOED Committee Name			
CONSTABLE-TOWN OF BROOKLINE Office Sought and District	VINDA JASON Name of Committee Treasurer			
20 CHAPEL ST #B 402 BROOKLING Residential Address	2 BARTIETT CHESTERNY BROOKLING DEATH			
Telephone Number (optional):	Telephone Number (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	-492,91			
Line 2: Total receipts this period (page 3, line 11)	10/3, 00			
Line 3: Subtotal (line 1 plus line 2)	52p.09			
Line 4: Total expenditures this period (page 5, lin	ne 14) 3 6 5. 10			
Line 5: Ending Balance (line 3 minus line 4)	154.99			
Line 6: Total in-kind contributions this period (pa	age 6)			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: SOUTREIGN BANK				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:				
activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing se	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.			
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date:			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/13	ALVARADO, ANNO 110 SENALL AVE BROOKLINE 02446	100	
8/13/13	NISHINSKY NOIL 20 HENRY ST BROOKCINE 1)2445	25	
Line 9: Total Recei	pts over \$50 (or listed above)	\$175	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	£888	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	1013.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/19/2013	CAMBRIDGE OFFSET PRINTING	56 (RE104701) CAUBRIDGE 12140	Signs	239.06
3/05/2013	US POSTAC SERVICE	BOSTON, MA	Postage	95.65
		Line 12: Total Expenditures ov	er \$50 (or listed above)	334.74
Line 13: Total Expenditures \$50 and under* (not listed above)			20.36	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 365/0				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
Line 15: In-Kind Contributions over \$50 (or list				
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	`			
				MANAGE 1 TO 1 T
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	